

CALIFORNIA STATE EMPLOYEES CHARITABLE CAMPAIGN
2008 Principal Combined Fund Drive Application

Please print or type all information

A. **LEGAL NAME** (Name must appear exactly as recognized your 501(c)(3) form.)

- ☐ We were a participating PCFD in the previous year.
☐ We were not a participating PCFD in the previous year.

B. **OTHER NAME** (if the same as the legal name, please write "same") ☐ D.B.A ☐ A.K.A. ☐ Program name

C. **MAILING INFORMATION**

☐ Please do not release physical address information

Address

City

State

Zip Code

PHYSICAL ADDRESS (Required. If same as above, write same):

Street

City

State

Zip Code

D. **CONTACT INFORMATION** (The person who will be the primary CSECC contact. This information will be posted in the brochure and website.)

Name: _____ Title: _____

Telephone number: _____ Fax number: _____

Email address: _____ Web address: _____

Federal Tax Identification Number: _____

E. **AFFILIATE INFORMATION**

Number of affiliated member agencies applying for the 2008 Campaign: _____

IMPORTANT INFORMATION

1. A copy of the 501(c)(3) documentation **is required**, including a letter from the IRS or other state issued documentation authorizing any legal name change for new applicants. Documentation must be resubmitted every two years.

☐ A copy of the 501(c)(3) **is** required from your organization for this Campaign.

☐ A copy of the 501(c)(3) **is not** required from your organization for this Campaign.

2. If your organization is not required to submit a copy of the 501(c)(3) but has changed its name within the last year, a copy of the legal documents showing the change is required.

3. Failure to complete every section of the application may result in the application being returned for incompleteness.

4. Please include an alphabetical listing of all affiliate member agencies.

5. Please alphabetized Affiliate applications and ensure that they include **original signatures and copies of their 501(c)(3) documentation**, if needed.

FILING DEADLINE
MARCH 1, 2008

Send Completed Applications To:

California State Employees Charitable Campaign

PO Box 48

OR

400 R St Ste 500

Sacramento CA 95812

Sacramento CA 95811

CSECC ID #

2008 Principal Combined Fund Drive Application Filing deadline: March 1, 2008

F. DESCRIPTION OF ACTIVITIES

This information may be included in the 2008 Donor Resource Guides.

New Applicants:

Please provide a statement, no longer than 25 words in length, describing your organization's activities. DO NOT include the name of your organization, email or web address.

Previous Applicants:

If no statement is printed below, please provide a new 25-word description. Modifications to the printed statement may be made by lining out information and writing in the desired wording in the space below or by attaching a separate sheet.

Note: The VCGCB will edit any statement that uses special fonts or exceeds 25 words.

G. AREAS OF SOLICITATION

Please check the box of those California counties where your organization normally solicits contributions. If your organization normally solicits contributions from all California counties, please indicate "statewide" only.

<input type="checkbox"/> Alameda	<input type="checkbox"/> Glenn	<input type="checkbox"/> Marin	<input type="checkbox"/> Placer	<input type="checkbox"/> San Mateo	<input type="checkbox"/> Sutter
<input type="checkbox"/> Alpine	<input type="checkbox"/> Humboldt	<input type="checkbox"/> Mariposa	<input type="checkbox"/> Plumas	<input type="checkbox"/> Santa Barbara	<input type="checkbox"/> Tehama
<input type="checkbox"/> Amador	<input type="checkbox"/> Imperial	<input type="checkbox"/> Mendocino	<input type="checkbox"/> Riverside	<input type="checkbox"/> Santa Clara	<input type="checkbox"/> Trinity
<input type="checkbox"/> Butte	<input type="checkbox"/> Inyo	<input type="checkbox"/> Merced	<input type="checkbox"/> Sacramento	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Tulare
<input type="checkbox"/> Calaveras	<input type="checkbox"/> Kern	<input type="checkbox"/> Modoc	<input type="checkbox"/> San Benito	<input type="checkbox"/> Shasta	<input type="checkbox"/> Tuolumne
<input type="checkbox"/> Colusa	<input type="checkbox"/> Kings	<input type="checkbox"/> Mono	<input type="checkbox"/> San Bernardino	<input type="checkbox"/> Sierra	<input type="checkbox"/> Ventura
<input type="checkbox"/> Contra Costa	<input type="checkbox"/> Lake	<input type="checkbox"/> Monterey	<input type="checkbox"/> San Diego	<input type="checkbox"/> Siskiyou	<input type="checkbox"/> Yolo
<input type="checkbox"/> Del Norte	<input type="checkbox"/> Lassen	<input type="checkbox"/> Napa	<input type="checkbox"/> San Francisco	<input type="checkbox"/> Solano	<input type="checkbox"/> Yuba
<input type="checkbox"/> El Dorado	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> Nevada	<input type="checkbox"/> San Joaquin	<input type="checkbox"/> Sonoma	
<input type="checkbox"/> Fresno	<input type="checkbox"/> Madera	<input type="checkbox"/> Orange	<input type="checkbox"/> San Luis Obispo	<input type="checkbox"/> Stanislaus	<input type="checkbox"/> STATEWIDE

Specific Regions (if the entire county is not served by your organization)

H. FEES AND EXPENSES

Specify below the proposed fee, as a percentage of contributions received, to be charged to affiliates and nonaffiliated beneficiaries (non-affiliates) for reimbursement of PCFD fund-raising and administrative expenses: (Note: Organizations submitting fees in excess of 18% must submit an explanation justifying the need for a higher percentage.)

AFFILIATES		NON-AFFILIATES	
Fund-raising	%	Fund-raising	%
Administration	%	Administration	%
TOTAL	%	TOTAL	%

Please provide the total amount raised for the State Campaign in the previous Fiscal Year.

\$ _____
Please round numbers to the nearest whole dollar

Please provide the total amount raised for the previous Fiscal Year, including the State Campaign.

\$ _____
Please round numbers to the nearest whole dollar

CONDITIONS FOR APPROVAL

We agree to do all of the following as a PCFD agency in the 2008 Campaign:

- 1) Provide all State officers and employees in the PCFD area with a payroll deduction authorization form and all of the following:
 - a. A list of the non-affiliates that were approved for Campaign participation in the PCFD area;
 - b. Information regarding the purpose of the Board-approved fee that is charged to affiliates and non-affiliates for reimbursement of PCFD fund-raising and administrative expenses; and
 - c. A form on which the officer or employee may designate that contributions be directed to specific affiliates or non-affiliates. The form must be in triplicate, with one copy intended for (a) the officer or employee, (b) the beneficiary designated by the officer or employee, and (c) the PCFD agency.
- 2) Transmit contributions, as designated by any State officer or employee, to any charitable organization qualified as "exempt" under both Section 23701(d) of the California Revenue and Taxation Code and Section 501(c)(3) of the United States Internal Revenue Code of 1954, after deducting a fee for reimbursement of PCFD fund-raising and administrative expenses (at a Board-approved percentage rate).
- 3) Pay the State of California's cost of establishing charitable-related payroll deductions and remitting the proceeds, as determined by the State Controller and the Victim Compensation and Government Claims Board.

We acknowledge

- 1.) That this original application form must be **completed** and received at the Board's office no later than the date specified by the Board. A timely submission is necessary for the Board's consideration of an organization's application to act as a PCFD.
- 2.) That if the Board request information supporting a certification of eligibility, the information will be furnished promptly. The burden of demonstrating eligibility, shall rest with the applicant.

We agree that in consideration for and as a condition of the State Controller withholding and transmitting payroll deductions, as authorized by California Government Code Section 1151(f), we shall hold harmless the State of California, including but not limited to its officers and employees, from any liability that may result from making, canceling, or changing any requested payroll deduction.

We certify under penalty of perjury:

- 1) That we are currently a charitable organization qualified as "exempt" under Section 23701d of the Revenue and Taxation Code **and** paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954.
- 2) That we are in compliance with the provisions of the California Fair Employment and Housing Act, Part 2.8 (commencing with Government Code section 12900).
- 3) That the fund-raising and administrative expenses are less than 18% of our total revenue. OR If these expenses exceed 18%, we certify that our actual expenses for those purposes are reasonable under all circumstances **and** we have attached an explanation to that effect.
- 4) Our organization, its Board Members and Executive Officers are not in violation of the laws and regulations of the State of California or of the United States. We have read all the questions and the completed application, and to the best of our information and belief, all our answers are true, correct, and complete.
- 5) We further acknowledge that the Board may elect to decertify an organization which makes a false certification and/or engages in illegal activity after the initial approval.

SIGNATURE

Original Signature of Authorized Officer (blue ink preferred)

Date

Typed or Printed Name of Authorized Officer

Authorized Officer Title

Return **completed** application to:

Victim Compensation and Government Claims Board
California State Employees Charitable Campaign
Attn: Marlene Dederick, Campaign Coordinator

Mailing address:

P.O. Box 48

Sacramento, CA 95812

Physical address:

400 R St Ste 500

Sacramento, CA 95811

If you should have any questions, please contact **Marilyn Louie:**

(800) 777-9229 or (916) 491-3726 or marilyn.louie@vcgcb.ca.gov.

CSECC law, rules and policies, as well as copies of the application and instructions can be downloaded by visiting our website:

www.vcgcb.ca.gov/csecc/

